

## REQUIREMENTS FOR LICENSE - NURSE (WITHOUT EXAM)

Access this form via website at: [www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl)

### (READ THOROUGHLY)

#### NOTICE:

Should there be any changes in the information provided here, the requirements effective at the time application is filed shall apply. Requirements for license are pursuant to Chapter 457, HRS, and Chapter 89, HAR.

#### **EXAM REQUIREMENT**

##### **Successful completion of ONE of the following is required:**

The NCLEX (National Council Licensure Examination) in another state or U.S. jurisdiction; having passed or received a score of at least 1600 for RN, or 350 for LPN; **OR**

The SBTPE (State Board Test Pool Exam) in another state or Canadian province (prior to 1970); having passed or received a score of at least 350 in each part; **OR**

A state board constructed exam prior to the inception of the SBTPE in that jurisdiction.

##### **NOTE: CANADIAN NURSES - CNATE IS NOT RECOGNIZED BY THE HAWAII BOARD OF NURSING.**

#### **EDUCATIONAL REQUIREMENT**

Must be a graduate of an accredited board-recognized baccalaureate, associate degree or hospital nursing program in the United States or U.S. jurisdiction whose curriculum is approved by the Hawaii Board of Nursing or other state boards of nursing.

Foreign school graduates who are licensed in another state or U.S. jurisdiction are not required to have their educational credentials evaluated by a professional evaluator. However, the original state or U.S. jurisdiction board of nursing must approve/recognize that the nursing program from which the nurse has graduated is equivalent to a U.S. Accredited Nursing Education Program. This **APPROVAL/RECOGNITION** must be so indicated on the attached State of Hawaii License Verification form or equivalent form.

### INSTRUCTIONS FOR FILING

#### **APPLICATION FORM**

1. Type or print *legibly* in dark ink.
  2. Answer **all questions**. If not applicable, indicate N/A.
  3. Application **must** be signed. Incomplete applications will not be accepted and will be returned for completion. Applications are kept on file for **two (2) years**. Failure to complete the licensing requirements within two (2) years will void your application. Unnecessary calls and visits are attended to by the same personnel who processes your application and will delay processing.
- **Failure to provide all the requested information will delay the processing of your application.**

#### **ADDRESS**

The Board's mailing address is: *Board of Nursing  
P.O. Box 3469  
Honolulu, HI 96801  
Phone: (808) 586-3000*

The Board's street address is:  
*Board of Nursing  
1010 Richards St., 1<sup>st</sup> Floor  
Honolulu, HI 96813*

#### **FEES**

Make check payable to: **COMMERCE AND CONSUMER AFFAIRS**

If license will be issued between JULY 1, ODD-NUMBERED years (2003, 2005, 2007)  
and JUNE 30, EVEN-NUMBERED years (2002, 2004, 2006), pay .....\$140.00  
(Application - \$40,\*\* License - \$20, Compliance Resolution Fund\*\*\* - \$70, 1/2 Renewal - \$10)

\*If license will be issued between JULY 1, EVEN-NUMBERED years (2002, 2004, 2006) and  
JUNE 30, ODD-NUMBERED years (2003, 2005, 2007), pay .....\$95.00  
(Application - \$40,\*\* License - \$20, Compliance Resolution Fund - \$35)

**\* SUBJECT TO RENEWAL BY JUNE 30, ODD-NUMBERED YEARS (2003, 2005, 2007), REGARDLESS OF ISSUE DATE. PLEASE READ DETAILED INFORMATION UNDER LICENSE RENEWALS.**

\*\* Application fee is not refundable.

\*\*\* The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (§26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with the Dept. of Commerce and Consumer Affairs. Assessment amounts are based on the services rendered in resolving complaints. Assessment is due for the issuance of a new license as well as for the renewal of a license.

**Note:** One of the legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

(CONTINUED ON BACK)

## VERIFICATION OF LICENSE

Verification of your exam scores, educational credentials and out-of-state licensure must be provided on the *Verification of License* form (NSG-03). This form must be sent to the state/territory board of nursing of **original licensure by examination** with the appropriate service fee that the originating board requires. Please verify with the respective state board for fee information. Once a completed verification is received in our office and your application is on file with us, your license will be issued and mailed to the mailing address listed on application.

- NOTE:
- PROVIDE DATE YOU MAILED LICENSE VERIFICATION TO YOUR ORIGINAL STATE (see application).
  - If your state uses NURSIS to verify their licenses, you must contact the National Council at (312) 787-6555, ext.148 for form, or download from their website at: [www.ncsbn.org/regulation](http://www.ncsbn.org/regulation).
  - License verifications are discarded after one year if no application is received.

## TEMPORARY PERMIT

To obtain a temporary permit, the following items must be completed and submitted:

1. The attached application for license (without exam) with fee.
2. A photocopy of a current **U.S.** nursing license indicating the expiration date of license.
3. A completed "*Verification of Employment*" form (NSG-05) which must first be signed by your **employer in Hawaii**. Letters of hire will not be accepted.
4. Proof of mailing the "*Verification of License*" form (NSG-03) (receipt of certified mail or the cancelled check for the verification fee.)

**Only ONE temporary permit is allowed. Permittee is allowed to practice nursing only if employed by employer indicated on the "*Verification of Employment*" form (NSG-04). Once permit is issued, no other will be reissued in care of another employer. *PRIOR DISCIPLINARY ACTION OR CONVICTION, WHICH HAS NOT BEEN EXPUNGED, MUST BE REVIEWED BY THE BOARD.***

## STATE LAWS AND RULES

All applicants/licensees are responsible for reading, being knowledgeable and maintaining current knowledge of the Hawaii Statutes and Rules relating to nursing and the amendments adopted throughout the years for the duration of the applicant/licensee's nursing career. These statutes and rules consists of Chapter 457, Hawaii Revised Statutes and Chapter 89, Hawaii Administrative Rules. Copies of these chapters may be obtained for \$1.75 from: Cashier, Commerce and Consumer Affairs, P.O. Box 541, Honolulu, Hawaii 96809. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law may be purchased separately for 75¢ and should be read in conjunction with the nursing statutes.

The rules are posted on our website at: [www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl), then click on the specific board/program. The laws will be posted during the fall of 2001.

## ADDRESS/NAME CHANGES

It is the responsibility of the applicant to notify the Board of any changes **in writing**. If you have a name change **after** your application was originally filed, you must provide a photocopy of the name change document along with a letter requesting the change.

All address changes must be submitted **in writing**. No changes will be taken over the phone. The Board will not be responsible for non-receipt of any correspondence.

## LICENSE RENEWALS

All licenses, regardless of issuance date, expire on June 30 of each odd-numbered year and are subject to renewal. Renewal applications are made available about 60 days prior to the license expiration date. Effort will be made to mail applications to licensees as a courtesy. However, the Board must be informed in a timely manner of any address changes in writing. If a licensee does not receive an application at least 30 days prior to the license expiration date, licensee must contact the Board's office or pick one up at 1010 Richards Street in Honolulu. **EACH LICENSEE IS ULTIMATELY RESPONSIBLE FOR THE RENEWAL OF HIS/HER NURSING LICENSE.** The Board will not negotiate this matter with the employers for a licensee who has not timely renewed a nursing license. **AT NO TIME MAY A NURSE, WHOSE LICENSE HAS LAPSED, CONTINUE TO PRACTICE AS A NURSE. IT IS THE NURSE'S DUTY TO INFORM EACH EMPLOYER WHO IS IMPACTED, OF THE NURSE'S FAILURE TO RENEW A NURSING LICENSE ON TIME.**

- If you are eligible for a license near the end of the second year of a two-year license period (within 3 months), you may elect to delay the issuance of your license until July 1, odd-numbered year, **provided you do not intend to start practicing your trade or profession until the next license period.**

## NOTIFICATION OF DISCIPLINARY ACTION

Once licensed, each licensee who has a nursing license disciplined in another state, must notify the Hawaii Board of Nursing within 30 days of the action. Failure to do so may result in action taken against the person's Hawaii nursing license.

## ADVANCED PRACTICE REGISTERED NURSE

Contact the Board's office for a separate application or download from our website at: [www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl).

## ABANDONMENT

You must submit all required documents and information within two years from the last date documents or information were requested or it will be considered abandoned and the Board may destroy it.

# APPLICATION FOR LICENSE (WITHOUT EXAM) – NURSE

Read the attached instructions before completing this form.  
Applications are available via our website at: [www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl)

Circle type of LICENSE applying for:		REGISTERED NURSE	PRACTICAL NURSE	<b>BOARD USE</b>	Lic. No.	Eff.:
Legal Name (First, Middle)		(LAST)				
Residence Address (Include Apt. No., City, State and Zip Code) - REQUIRED						
Mailing Address ( <b>ONLY</b> if different from above)						
Other Names Used (include maiden name):			Social Security No.	Phone No. (days)		

OTHER STATE LICENSES	Name of State	Type of License	License No.	Method of Licensure				Provide date "Verification of License" mailed to state:
	ORIGINAL U.S. State	RN LPN		NCLEX	SBTPE	State Exam	Waiver of Exam	
	Other State	RN LPN		NCLEX	SBTPE	State Exam	Waiver of Exam	
	Other State	RN LPN		NCLEX	SBTPE	State Exam	Waiver of Exam	

EDUCATION	Name and Location (city/state)	Degree Earned	Dates (mo/yr)	
			From	To
	Nursing School			
	Advanced Training			

<b>APPLICANT REQUESTING TEMPORARY LICENSE</b>	• Do you hold a current U.S. nursing license in another state? .....	YES	NO
	• Have you attached a photocopy of your current license? .....	YES	NO
	• Have you indicated the date you mailed your verification to your original state? .....	YES	NO
	• Have you attached a completed "Verification of Employment" form signed by a Hawaii employer? ..... (NOTE: A temporary permit will <u>not</u> be issued without this)	YES	NO
	• Do you understand that only one (1) temporary permit is issued by law and cannot be reissued in care of another employer; and will be invalidated should the completed "Verification of License" form indicate that you do not meet minimum license requirements? .....	YES	NO
	• If all questions answered "yes", are you applying for a temporary license? .....	YES	NO

(Continued on Back)

App .....	433	\$40
Lic .....	436	\$20
CRF .....	439	\$35/\$70
1/2 Ren .....	430	\$10
Service Fee.....	BCF	\$15

APPLICATION FOR LICENSE (WITHOUT EXAM) - NURSE

ALL APPLICANTS	Circle answers and give details when required:	
	1) Are you at least 18 years of age? .....	YES NO
	2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....	YES NO
	3) In the past twenty years, have you ever been convicted of a crime for which the conviction has not been annulled or expunged? ..... <i>If "YES", arrange to have certified court documentation on the date, place, violation for each conviction And fulfillment of conditions of each sentence sent <u>directly</u> to the Board.</i>	YES NO
	4) Has your nursing license ever been revoked, suspended, or otherwise subject to disciplinary action by another state board? ..... <i>If "YES", arrange to have certified documents from <u>each</u> state in which disciplinary action was taken sent <u>Directly</u> to the Board. (Include Findings of Fact, Conclusion of Law, Recommended Order, Final Order, and Whether you have been re-instated. If re-instated, date and conditions of license.)</i>	YES NO
	5) Are you presently being investigated or is any disciplinary action pending against you? ..... <i>If "YES", specify all states where action was or may be imposed. Arrange to have certified documents From each state in which disciplinary action or investigation occurred or is pending against you sent <u>Directly</u> to the Board.</i>	YES NO
<b>NOTE: PRIOR DISCIPLINARY ACTION OR CONVICTION, WHICH HAS NOT BEEN EXPUNGED, MUST BE REVIEWED BY THE BOARD.</b>		
6) Do you hold or have you ever held this type of nursing license in Hawaii? ..... <i>If "YES", do not complete this application. Contact the Board for a restoration application.</i>	YES NO	

AFFIDAVIT OF APPLICANT:

I hereby certify that the information supplied herein and attachments thereto are true and correct. I understand this affidavit and that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Hawaii Revised Statutes.)

_____	_____
Date	Signature of Applicant

# VERIFICATION OF LICENSE – NURSE

Access this form via website at: [www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl)

State of Hawaii  
Board of Nursing  
P.O. Box 3469  
Honolulu, HI 96801

<b>A P P L I C A N T</b>	<b>APPLICANT: Complete top of this page and forward to ORIGINAL state of license. (NOT HAWAII)</b>								
	Name (LAST)		FIRST, Middle			Other names used (include maiden name)			
	Address (Include Apt. No., City, State and Zip Code)					Social Security No.			
						Type of Registration:			
	LICENSE NUMBER		DATE ISSUED			REGISTERED NURSE		PRACTICAL NURSE	
I hereby authorize the nursing licensing agency in the State of _____ to furnish to the Department of Commerce and Consumer Affairs, State of Hawaii, the information below.									
Date _____ SIGN HERE: _____									
<b>L I C E N S I N G  A G E N C Y  O N L Y</b>	This is to certify that the above-named individual was issued license number _____								
	Social Security No.: _____								
	to practice		<input type="checkbox"/> Registered Nursing <input type="checkbox"/> Practical Nursing		Date of Issuance: _____				
	licensed by:		<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Waiver		Current license status:		<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed		
	Date license expires: _____								
	Has this license ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation)? ..... <input type="checkbox"/> yes <input type="checkbox"/> no								
	If YES, please send a copy of your board's: 1) Administrative Action 2) Final Order								
	<b>EXAMINATION INFORMATION</b>		<b>REGISTERED NURSE (NCLEX)</b>		<b>REGISTERED NURSE (S.B.T.P.E.)</b>			<b>PRACTICAL NURSE (NCLEX or SBTPE)</b>	
					Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children
	Standard Scores								
Series/Form No.									
Number of times applicant wrote the examination?									
Name of U.S. Accredited Nursing Education Program Completed (or non-U.S. Accredited Nursing Education Program approved/recognized by this State Board as equivalent to U.S. Accredited Nursing Education Program.)									
Location (City and State)							Year of Graduation		
SEAL				Signature _____					
				Title _____					
				State _____					
				Date _____					
TO THE BOARD: Return this form directly to the Hawaii Board of Nursing.									

# OTHER STATE BOARDS OF NURSING

(www.nursingboards.org)

This is the latest information we have and is subject to change.

**PLEASE VERIFY WITH RESPECTIVE STATE BEFORE SUBMITTING PAYMENT.**

State, Address and Telephone	Fee Charged		State, Address and Telephone	Fee Charged	
	RN	LPN		RN	LPN
* Address to: BOARD OF NURSING ** personal check will not be accepted					
<b>**ALABAMA</b> ..... Tel: (334) 242-4060 RSA Plaza, STE 250 P.O. Box 303900 Montgomery, AL 36130-3900	\$25	\$25	<b>**IDAHO</b> ..... Tel: (208) 334-3110 NURSIS – Contact the National Council of State Boards of Nursing at (312) 787-6555 Ext.148 for form.	\$30	\$30
<b>*ALASKA</b> ..... Tel: (907) 561-2878 Occupational Licensing Division P.O. Box 110806 Juneau, AK 99811-0806	INFORMATION NOT AVAILABLE		<b>ILLINOIS</b> ..... Tel: (217) 785-0800 Dept. of Professional Regulation 320 W. Washington St., 3rd FL Springfield, IL 62786	\$20	\$20
<b>AMERICAN SAMOA</b> ..... Tel: (684) 633-1222 Health Services Regulatory Board LBJ Tropical Medical Center Pago Pago, American Samoa 96799			<b>INDIANA</b> ..... Tel: (317) 232-2960 Board of Nurses' Reg. & Nsg. Ed. Health Professions Bureau 402 West Washington Street Room 041 Indianapolis, IN 46204	\$10	\$10
<b>*ARIZONA</b> ..... Tel: (602) 331-8111 1651 E. Morten Ave., STE 150 Phoenix, AZ 85020-7605	\$25	\$25	<b>**IOWA</b> ..... Tel: (515) 281-3255 NURSIS – Contact the National Council of State Boards of Nursing at (312) 787-6555 ext.148 for form.	\$30	\$30
<b>**ARKANSAS</b> ..... Tel: (501) 686-2700 NURSIS – Contact the National Council of State Boards of Nursing at (312) 787-6555 ext.148 for form.	\$30	\$30	<b>*KANSAS</b> ..... Tel: (785) 296-4929 Landon State Office Bldg. 900 SW Jackson Ste. 551 S Topeka, KS 66612-1256	\$25	\$25
<b>CALIFORNIA (RN)</b> ..... Tel: (916) 322-3350 Board of Registered Nursing P.O. Box 944210 Sacramento, CA 94244-2100	\$60		<b>*KENTUCKY</b> ..... Tel: (502) 329-7000 312 Whitting Pkwy. STE 300 Louisville, KY 40222-5172	\$25	\$25
<b>CALIFORNIA (PN)</b> ..... Tel: (916) 263-7800 Board of Vocational Nurse & Psychiatric Technician 2535 Capitol Oaks Dr., STE 205 Sacramento, CA 95833-2919		\$75	<b>*LOUISIANA (RN)</b> ..... Tel: (504) 838-5332 3510 N Causeway Blvd., STE 501 Metairie, LA 70003	\$15	
<b>*COLORADO</b> ..... Tel: (303) 894-2430 1560 Broadway, STE 670 Denver, CO 80202	\$20	\$ 5	<b>*LOUISIANA (PN)</b> ..... Tel: (504) 838-5791 Board of PN Examiners 3421 N Causeway Blvd., STE 203 Metairie, LA 70002		\$ 4
<b>CONNECTICUT</b> ..... Tel: (860) 509-7588 Board of Examiners for Nursing 410 Capitol Ave., MS # 12 MQA Hartford, CT 06134-0308	None	None	<b>*MAINE</b> ..... Tel: (207) 287-1133 35 Anthony Ave. State House Station 158 Augusta, ME 04330-0158	\$10	\$10
<b>*DELAWARE</b> ..... Tel: (302) 736-4522 861 Silver Lake Blvd., STE 203 Dover, DE 19904-2467	\$ 10	\$ 10	<b>**MARYLAND</b> ..... Tel: (410) 585-1900 NURSIS – Contact the National Council of State Boards of Nursing at (312) 787-6555 ext.148 for form.	\$30	\$ 30
<b>DISTRICT OF COLUMBIA (RN)</b> ..... Tel: (202) 727-7468 Dept. of Consumer and Regulatory Affairs P.O. Box 37200 Rm. 910 Washington, D.C. 20013-7200	\$10		<b>MASSACHUSETTS</b> ..... Tel: (617) 727-9961 NURSIS – Contact the National Council of State Boards of Nursing at (312) 787-6555 ext.148 for form.	\$30	\$ 30
<b>DISTRICT OF COLUMBIA (PN)</b> ..... Practical Nurses' Examining Board (Same address & telephone as RN)		\$10	<b>MICHIGAN</b> ..... Tel: (517) 373-1600 Dept. of Licensing & Regulation 611 West Ottawa, P.O. Box 30018 Lansing, MI 48909	\$15	\$15
<b>*FLORIDA</b> ..... Tel: (904) 858-6940 Board of Nursing 2020 Capital Circle SE Tallahassee, FL 32399-3299	\$25	\$25	<b>*MINNESOTA</b> ..... Tel: (612) 617-2270 2829 University Ave. S.E., STE 500 Minneapolis, MN 55414-3253	\$20	\$20
<b>**GEORGIA (RN)</b> ..... Tel: (912) 207-1640 237 Coliseum Dr. Macon, GA 31217-3858	\$10		<b>*MISSISSIPPI</b> ..... Tel: (601) 359-6170 1935 Lakeland Dr. Ste B Jackson, MS 39216-5014	\$20	\$20
<b>**GEORGIA (PN)</b> ..... Tel: (912) 207-1300 Board of Examiners of Licensed PNS (Same address as RN)		\$10	<b>**MISSOURI</b> ..... Tel: (573) 751-0681 NURSIS – Contact the National Council of State Boards of Nursing at (312) 787-6555 ext.148 for form.	\$30	\$30
<b>GUAM</b> ..... Tel: 0-11-671-475-0251 Board of Nurse Examiners P.O. Box 2816 Agana, GU 96910	INFORMATION NOT AVAILABLE		<b>*MONTANA</b> ..... Tel: (406) 444-2071 NURSIS – Contact the National Council of State Boards of Nursing at (312) 787-6555 ext.148 for form.	\$30	\$30
<b>HAWAII</b> ..... Tel: (808) 586-3000 P.O. Box 3469 Honolulu, HI 96801	\$15	\$15			

State, Address and Telephone	Fee Charged		State, Address and Telephone	Fee Charged	
	RN	LPN		RN	LPN
* Address to: BOARD OF NURSING ** personal check will not be accepted					
*NEBRASKA ..... Tel: (402) 471-2115 NURSIS – Contact the National Council of State Boards of Nursing at (312) 787-6555 ext.148 for form.	\$30	\$30	*TENNESSEE ..... Tel: (615) 367-6232 Dept. of Health and Environment Cordell Hall Bldg., 1st FL 426 5th Ave., N Nashville, TN 37247-1010	\$15	\$15
*NEVADA ..... Tel: (702) 739-0298 1755 E Plumb Ln., STE 260 Reno, NV 89502	\$25	\$25	**TEXAS (RN) ..... Tel: (512) 305-7400 NURSIS – Contact the National Council of State Boards of Nursing at (312) 787-6555 ext.148 for form.	\$30	\$30
*NEW HAMPSHIRE ..... Tel: (603) 271-2323 P.O. Box 3898 Concord, NH 03302-3898	\$ 5	\$ 5	**TEXAS (PN) ..... Tel: (512) 305-8100 NURSIS – Contact the National Council of State Boards of Nursing at (312) 787-6555 ext.148 for form.	\$30	\$30
*NEW JERSEY ..... Tel: (201) 648-2570 P.O. Box 45010 Newark, NJ 07101	\$30**	\$30**	*UTAH ..... Tel: (801) 530-6628 P.O. Box 146741 Salt Lake City, UT 84114-6741	\$10	\$10
*NEW MEXICO ..... Tel: (505) 841-8340 NURSIS – Contact the National Council of State Boards of Nursing at (312) 787-6555 ext.148 for form.	\$30**	\$30**	*VERMONT ..... Tel: (802) 828-2396 NURSIS – Contact the National Council of State Boards of Nursing at (312) 787-6555 ext.148 for form.	\$30	\$30
*NEW YORK ..... Tel: (518) 474-3843 State Education Dept. Cultural Educ. Ctr., No. 3013 Albany, NY 12230	\$20	\$20	*VIRGINIA ..... Tel: (804) 662-9909 6606 W. Broadway St., 4th FL Richmond, VA 23230-1717	\$25	\$25
**NORTH CAROLINA ..... Tel: (919) 782-3211 NURSIS – Contact the National Council of State Boards Nursing at (312) 787-6555 ext.148 for form.	\$30	\$30	VIRGIN ISLANDS ..... Tel: (340) 776-7397 Board of Nurse Reg. & Nsg. Ed. Knud Hansen Complex Charlotte Amalie St. Thomas, VI 00803		
*NORTH DAKOTA ..... Tel: (701) 328-9777 Kirkwood Office Tower 919 South 7 <sup>th</sup> St., No. 504 Bismarck, ND 58501	\$15	\$15	*WASHINGTON ..... Tel: (360) 236-4713 Dept. of Health Washington State Board of Nursing 1300 SE Quince St., P.O. Box 47864 Olympia, WA 98504	\$25	
Northern Mariana Islands ..... Commonwealth Board of Nurse Examiners P.O. Box 1458 Saipan, MP 96950	\$10	\$10	WEST VIRGINIA (RN) ..... Tel: (304) 558-3596 Board of Examiners for RNs 101 Dee Dr. Charleston, WV 25311-1620	\$30	
**OHIO ..... Tel: (614) 466-3947 NURSIS – Contact the National Council of State Boards of Nursing at (312) 787-6555 ext.148 for form.	\$30	\$30	WEST VIRGINIA (PN) ..... Tel: (304) 558-3572 Board of Examiners for PNs 922 Quarrier St., STE 309 Charleston, WV 25301-2679		\$25
OKLAHOMA ..... Board of Nurse Reg. & Nsg. Ed. 2915 N. Classen Blvd., No. 524 Oklahoma City, OK 73106	\$10	\$10	WISCONSIN ..... Tel: (608) 266-2112 Dept. of Regulation & Licensing Bureau of Health Service Professions Board of Nursing P.O. Box 8935 Madison, WI 53708-8935	\$10	\$10
**OREGON ..... Tel: (503) 731-4745 800 NE Oregon St., No. 465 Portland, OR 97232-2162	\$12	\$12	*WYOMING ..... Tel: (307) 777-7601 Wyoming State Board of Nursing Barrett Bldg., 4th FL 2301 Central Avenue Cheyenne, WY 82002	None	None
PENNSYLVANIA ..... Tel: (717) 787-8503 Board of Nurse Examiners P.O. Box 2649 Harrisburg, PA 17105-2649	\$15	\$15			
PUERTO RICO ..... Tel: (787) 725-8161 Commonwealth of Puerto Rico 800 Roberto H. Todd Ave., Rm 202, Stop 18 Santurce, PR 00908	INFORMATION NOT AVAILABLE				
**RHODE ISLAND ..... Tel: (401) 222-3855 Board of Nurse Reg. & Nursing Ed. R.I. Dept. of Health, Cannon Bldg Three Capitol Hill, Rm. 104 Providence, RI 02908-5097	\$10	\$10			
*SOUTH CAROLINA ..... Tel: (803) 896-4550 P.O. Box 12367 Columbia, SC 29211	\$20	\$20			
*SOUTH DAKOTA ..... Tel: (605) 362-2760 NURSIS – Contact the National Council of State Boards of Nursing at (312) 787-6555 ext.148 for form.	\$30	\$30			

# VERIFICATION OF EMPLOYMENT - TEMPORARY PERMIT FOR NURSE

## INSTRUCTIONS

- 1) Complete your name and address in area marked. **Have employer in Hawaii sign the employer section.**
- 2) Upon completion of this form, make a photocopy for employer's file.
- 3) In addition to filing the original of this form, submit:
  - a) Completed application for license.
  - b) Appropriate fees.
  - c) Photocopy of current license in another U.S. state indicating expiration date of license; and
  - d) Evidence of having sent "Verification of License" form to ORIGINAL state of licensure (such as the receipt of certified mail or a copy of the cancelled check to show fee paid to other board for such a service).
  - e) Completion of the block below on "Temporary Permit" form (applicant's name c/o employer's address). Upon approval, the bottom will be cut off and sent by the board.
- 4) One permit/one employer only. No other permit will be issued. No exceptions to this policy will be made.

**NOTE: PRIOR DISCIPLINARY ACTION OR CONVICTION, WHICH HAS NOT BEEN EXPUNGED, MUST BE REVIEWED BY THE BOARD.**

Name of Nurse (First-Middle-LAST)	Address of Nurse (Include Apt. No. & ZIP CODE)	Indicate date you submitted a completed application:

## NEXT SECTION FOR COMPLETION BY EMPLOYER:

My signature confirms that I understand and agree to abide by the following responsibilities while the above-named person is working as a nurse under a temporary permit.

- A. I will notify the board in writing immediately if employment is discontinued; if the services of this person are found unsatisfactory; or if this person reports a change of name or address.
- B. I will not allow this person to continue employment as a nurse beyond the date of expiration of the temporary permit.
- C. If employing a person who is applying for license BY ENDORSEMENT, I understand that should the board receive verification that the requirements for a license are not met, the temporary permit shall become invalid immediately. Upon notification from the board of such action, I understand that the employment of this person as a nurse must be terminated immediately.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Phone No. \_\_\_\_\_

Print Name & Title \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Address of Employer \_\_\_\_\_

NSG-04 0102

Hawaii

City

Zip Code

DO NOT DETACH

## TEMPORARY PERMIT - NURSE

**INVALID UNLESS AFFIXED WITH THE SEAL OF THE BOARD OF NURSING AND SIGNED BY THE EXECUTIVE OFFICER OF THE BOARD.**

The applicant whose name and address appear below is hereby permitted to practice nursing as a:

REGISTERED NURSE

PRACTICAL NURSE

until the expiration date shown. A second temporary permit will not be granted. This permit is valid for one employer only, who is named below.

### BASIS OF ELIGIBILITY:

Holds a current out-of-state U.S. nursing license and is applying for a license through endorsement.

Type or Print Name, c/o Name & Address of Employer in Block Below:

c/o \_\_\_\_\_

TEMPORARY PERMIT NO. \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

**PERMIT EXPIRES UPON RECEIPT OF VERIFICATION OF LICENSE FROM ORIGINATING STATE, PROVIDED IT IS RECEIVED WITHIN THREE (3) MONTHS.**

Executive Officer, Board of Nursing

\*This temporary permit is extended to the date below because of circumstances beyond applicant's control.

EXTENDED EXPIRATION DATE \_\_\_\_\_

Executive Officer, Board of Nursing

NSG-05 0102

..... **DO NOT DETACH** .....

**CONDITIONS FOR GRANTING OF THIS TEMPORARY PERMIT:**

Valid only for employer indicated and will be in effect until the expiration date shown; unless otherwise determined by the Board, should your employment be terminated before the expiration date, you are required to notify the board in writing immediately and return this permit. Permit is non-renewable and a new permit for another employer will not be issued.

**BOARD POLICIES - NURSE'S TEMPORARY PERMIT**

- 1) Only ONE temporary permit will be issued.
- 2) The temporary permit may NOT be transferred to another employer.
- 3) The temporary permit may be cancelled prior to stated expiration date should board determine license requirements are not met.
- 4) Temporary permit applications must be completed by a Hawaii employer only.